



EDITORIAL

Glimpses of the big picture

A useful metaphor, when explaining contextual issues in relation to health, is that of an iceberg floating in the ocean. The visible portion of the iceberg, perhaps 20% of its total mass can simplistically be seen to represent those aspects of the patient that we observe, palpate, assess, discuss and evaluate. These divinations hopefully result in a greater understanding of the unseen inner workings of the person—in this metaphor, equivalent to aspects of the unseen underwater portion of the iceberg.

And then there is the ocean itself, the context in which the ice mountain floats. In relation to the iceberg this would include elements such as the relative salinity, temperature and pH of the water, as well as weather conditions, ocean currents and more. In relation to the patient, the context includes the multiple influences—from environmental to psychosocial, biochemical and biomechanical—past and present—intermittent and constant, acute and chronic, that affect the individual from cradle to grave.

The complexity of such interacting influences, overlaid on the person's genetic and acquired characteristics, and the symptoms being manifested, at times seem too daunting to attempt to make sense of—hence the reductionist approaches of so much health care—where modification of single aspects of this confusing edifice are attempted, in order to nudge (or force) it towards more normal function. A change of diet; the taking of medication, nutritional supplements or herbs; the insertion of needles, manual treatment, exercise, hydrotherapy, better breathing or posture, homeopathic remedies, and many more options and choices—might each be hoped to modify etiological and/or maintaining features sufficiently to encourage the self-regulating functions and systems of the body to tilt towards better health.

Or lifestyle modifications might be suggested that appear to offer more fundamental health

enhancing possibilities—where treatment is not a feature, but rather where there is the initiation of changes that aim to align the individual more closely with evolutionary imperatives—so offering a chance for homeostatic functions to operate more efficiently. Such features might include reforming cognitive, behavioural, nutritional, exercise, sleep and other basic patterns of self-use.

However they are labelled, lifestyle changes have indeed been shown to have profound influences on wellbeing and health enhancement. For example a review of current, mainstream medical, advice for people with hypertension, or other cardiovascular disease, carries cautions and advice (albeit alongside use of pharmaceutical products) that could be taken directly from manuals on basic naturopathy. These range from suggestions to take more exercise, get adequate sleep, quit smoking, introduce reformed dietary habits that ensure avoidance, or modulated intake, of salt, sugar, fat, junk food, and stimulants such as caffeine and alcohol, and/or to work at better breathing, stress management and relaxation (Archer, 2000).

Example

Recent research now points towards other basic lifestyle changes that appear to have profound influences on the evolution of a range of diseases, many of them pertinent to manual therapists and practitioners—based on evidence relating to leptin and other hormones, produced by fatty tissues.

I am grateful to one of JBMT's Associate editors—Judith DeLany—for drawing my attention to the fast evolving area of leptin research, and for diligently putting together a summary of this, which will be published in a future issue of JBMT.

Amongst the key elements of the research that Judith has reviewed is work that shows that white adipose (fatty) tissue produces hormones that

actively regulate physiological processes, including immunity and inflammation, as well as having the potential to contribute towards the evolution of numerous other health conditions. In addition, studies show (Spiegel et al., 2004) that people getting less than an optimal number of hours of night-time sleep (i.e. ~8) leads to changes in leptin levels, leading to increased appetite and weight gain—and a range of leptin related diseases and conditions.

Excitingly there appear to be lifestyle changes that can virtually 'reprogram' leptin production for many people (Richards and Richards, 2005), including eating regular/moderate sized meals, without snacking, among other simple but important reforms. These and other guidelines will be explained, validated and elaborated on in Judith's review article in JBMT.

If eating regular balanced meals, and other modest dietary reforms, as well as getting enough sleep, can massively impact on a huge range of diseases, this can be seen to represent contextual health care in action, as discussed earlier in this

editorial. Practitioners and therapists associated with bodywork and movement therapies should ensure that they are sufficiently well informed to be able to offer advice and information on these topics to those seeking their help and advice.

References

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- Spiegel, K., et al., 2004. Sleep curtailment in healthy young men is associated with decreased leptin levels, elevated ghrelin levels, and increased hunger and appetite. *Annals of Internal Medicine* 141 (11), 846–850.

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